

# PRE-DEVELOPMENT QUESTIONNAIRE

SAB-2-16-01  
FEB 12 2007

The following information request will be needed for the creation of all of the written materials for your project. Please return this information to us as soon as possible. Consult your Inventors Manual for more information and direction. **PLEASE COMPLETE ALL QUESTIONS.**

**Be careful to write names, etc. exactly as you want them to appear on all official documents.**

(PLEASE PRINT CLEARLY)

NAME CARLA RENAE BRIGGS  
(FIRST) (MIDDLE) (LAST)

CO-INVENTOR† N/A  
(FIRST) (MIDDLE) (LAST)

❖Only fill in if this is a true co-inventor, who had a hand in inventing the product and whose name should appear on the patent application.

ADDRESS 4071 N. Webster Ave.  
(APT. OR HOUSE #) (STREET)

Indianapolis, Indiana. 46226-4962  
(CITY) (STATE) (ZIP CODE)

Home Phone:(317)547-1293 Work Phone:(317)549-9506

PRODUCT NAME Fresh Start

❖❖❖All items marked with an asterisk (\*) ARE OPTIONAL. This information is needed if you choose to participate in the Press Release part of the program. If you wish to decline the Press Release program at this time, please initial here: \_\_\_\_\_

MARITAL STATUS\* Single

SPOUSE'S NAME\* N/A  
(FIRST) (MIDDLE) (LAST)

CHILDREN\* Dwayne A. Johnson

GRANDCHILDREN\* N/A

EMPLOYER'S NAME\* Indiana OIC State Council POSITION\* Office Manager

YOUR HOBBIES AND INTERESTS:\* Writing, Singing, Fishing, bowling,  
and Spending time with Family and friends.

BEST AVAILABLE COPY

**THE STORY BEHIND YOUR INVENTION/ OTHER PERTINENT INFORMATION THAT MAY BE HELPFUL IN PROMOTING YOUR IDEA (Attach additional sheets if necessary).**

I am someone who has always had abnormal menstrual periods,  
which sometimes lasted for a prolonged time. I would have  
occasions where I would feel unclean and have to purchase  
wipes to help - even though it was such an inconvenience.

**The following information is VITAL to the preparation of most of the items associated with your project, including your *Patent Application*. Please provide as much detail as possible. Refer to the Inventors Manual section entitled, "PRE-DEVELOPMENT QUESTIONNAIRE." ATTACH EXTRA SHEETS IF NECESSARY.**

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**1. Sketch how your invention looks in detail. If you have a drawing or photograph, please attach it and label and name each part. State the function of each part and how it works.**

**Note: If an illustration was done for you by us, please check which of the following apply:**

- ☐ Illustration is fine as-is. I have attached a copy of it.
- ☒ I have attached a copy of it and indicated all necessary changes.
- ☐ Refer to my sketch (below, or attached) and provide completely new drawings.

2. From start to finish, state exactly how your invention is used (as if you are writing an instruction booklet to accompany the product.)

The woman would be able to hide the product secretly and safely in her pocket as she goes to the ladies room.

After emptying her bladder she would remove the feminine wipe from the pad and cleanse herself. While emptying her bladder, she can replace the pad ~~or tampon~~ itself and then after using the wipe, dispose of everything in the single convenient wrapper and place it into the trash can that would normally be used for this purpose. With the tampon she can cleanse herself and then replace the fresh tampon.

3. In comparison to products that are currently patented or used to perform this task or fill this need that you know of, how is your invention different, better and unique? Make direct comparisons of the advantages your invention has over the others.

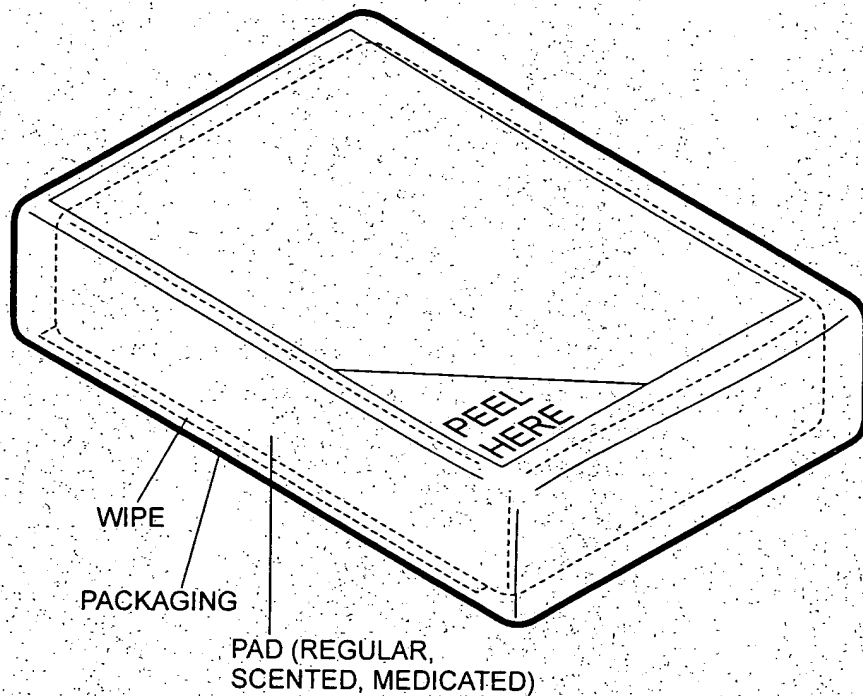
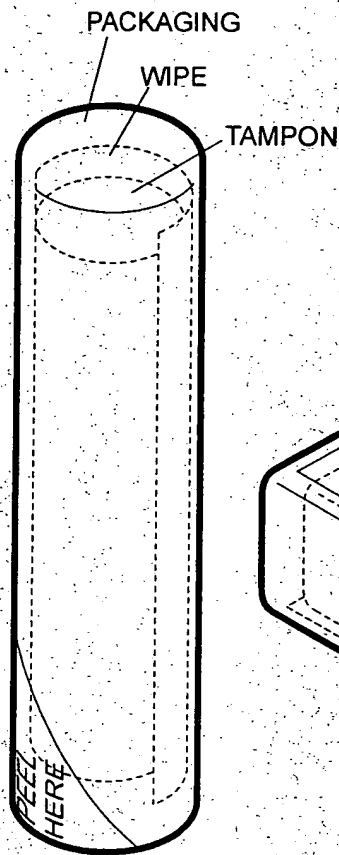
This product alone speaks for itself.

It will allow a woman the same benefits as the products already on the market, but it will give the woman a feeling of freshness as she is changing her protection all in one little package that can fit in your pocket. So she does not have to worry about feeling unclean. If a baby needs to be changed, you wouldn't want to put on a fresh diaper without cleansing the baby's bottom. It's almost the same.

# FEMININE PROTECTION KIT

FEB 12 2001

*This illustration would be perfect for public facilities. The card board version.*



- A CONVENIENT COMBINATION OF PRODUCTS THAT SAVES SPACE AND PROVIDES COMFORT
- THE PACKAGING MAY ALSO BE USED AS A DISPOSAL CONTAINER

*I have also enclosed 3 little example of what I'm trying to project.*

*The wipe will be enclosed in an easy to open individual wrapper, so that everything is sanitary.*

CARLA R. BRIGGS  
12/18/00 SG



PTO/SB/95 (06-1999)

Approved for use through 5/31/2002. OMB 0651-0030

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DISCLOSURE DOCUMENT DEPOSIT REQUEST

Mail to:

Box DD

Assistant Commissioner for Patents

Washington, DC 20231

Inventor(s): CARLA BENAE BRIGGSTitle of  
Invention: FRESH START (with every change, you get a fresh start)

The undersigned, being a named inventor of the disclosed invention, requests that the enclosed papers be accepted under the Disclosure Document Program, and that they be preserved for a period of two (2) years.

Carla Briggs  
Signature of Inventor(s)4071 N. Webster Ave.  
AddressCARLA BRIGGS  
Typed or printed name12/2/00  
DateIndianapolis, Indiana. 46226  
City, State, Zip

\*\* (For Office Use Only) Enclosed is a Disclosure of the above-titled invention consisting of \_\_\_\_\_ sheets of description and \_\_\_\_\_ sheets of drawings. A check in the amount of \$ \_\_\_\_\_ is enclosed to cover the fee (37 CFR 1.21 (c)).

DISCLOSURE DOCUMENT NO.

484116

RETAINED FOR 2 YEARS

THIS IS NOT A PATENT APPLICATION

PTO-1652 (8/99)

DEC 06 2000

## INVENTOR'S QUESTIONNAIRE

Please fill out this questionnaire to your best ability. Some of the information requested may appear to be redundant, but it does allow our Staff to provide you with clear, concise information. Consult your representative for any assistance or guidance.

1. How would you like your name to appear on all written materials?

CARLA BRIGGS

2. If you have a co-inventor or co-inventors, do you want their name to appear on all materials? Yes No. If so how do you want their name to appear?

N/A

3. How would you like the Invention Name to appear on all written materials?

FRESH START<sup>only</sup> (with every change, you get a fresh start)

4. Describe your Invention/Idea in as much detail as possible:

(Please attach additional paper to this form if necessary)

A feminine pad and/or tampon that has a feminine wipe secured to the back side of each individual one (possibly in the future a baby's diaper with a wipe attached) in a easy to use package.

5. Provide instructions as to how someone would use your Invention/Idea:

Before starting each time a woman would wash her hands. After emptying her bladder (using the restroom) she would remove the used pad or tampon. She may use a little tissue paper to get rid of excess wetness then remove the wipe from the product and cleanse herself. Place the fresh pad or tampon. Everything can be discarded in the pad or tampon wrapper.

6. List all of the benefits and/or advantages that your Invention/Idea has:

The size of the product will not change, it will help women to feel fresher during that time, it can be carried right in your pocket, it will only cost a little more than the original products, it's very convenient for the woman on the go.

(Over)

7. Does your Invention/Idea solve a particular problem? If so, how does it solve this problem?

Yes - A woman's biggest dilemma when she is menstruating is that it's so clean feeling. She doesn't want to use wet tissue paper to cleanse herself or buy more than one feminine product. This eliminates each of these problems.

8. Do you have any suggestions as to the materials necessary to manufacture your Invention/Idea? If so, what would you recommend?

The same materials that are used for each product now, but the wipe <sup>pkg</sup> should be modified so that it can be opened with ease.

9. What do you think the retail price of your Invention/Idea would be?

\$4.99 I'm not good at estimating prices.

10. What stores, outlets or distributors would carry your Invention/Idea?

Any and all major as well as general, department stores, grocery stores, drug stores, restaurants (bathroom dispenser) everywhere that women will be.

11. What products, if any, would compete with your Invention/Idea? What are their retail prices?

Sanitary pads	Sanitary tampons	Feminine wipes
\$3.99	\$3.99	\$2.99

12. Who do you feel would buy your Invention/Idea?

Every woman in the world that can afford to buy it.

13. Add any additional comments here:

I have talked to 3 of my very close friends who feel that this product should have already been out on the market. They said that they would buy this product in a heart beat. I have created a survey that I plan to circulate for more data on this product. I want to do this once everything has been issued to the patent office in Washington D.C. just for protection. I myself would love to see this product out and would buy it without a doubt.

\*\*\*If the drawing that you provided us with on the Official Record of Invention is not a detailed drawing, please attach a detailed drawing to this form. Please, if appropriate, label each part.

Denyer # 61123

NOV 27 2000

# The Law Office of David P. Gaudio, P.C.

## THE INVENTORS NETWORK

800 Old Pond Road Suite 702 Bridgeville, PA 15017  
toll-free phone: 1-888-477-9773 toll-free fax: 1-888-486-9788

### INVENTOR'S OFFICIAL RECORD OF INVENTION

INVENTOR NAME CARLA RENAE BRIGGS  
(FIRST) (MIDDLE) (LAST)

ADDRESS 4071 N. WEBSTER AVE.

CITY INDIANAPOLIS STATE INDIANA ZIP CODE 46226

TELEPHONE: RESIDENCE (317) 547-1293

BUSINESS (317) 549-9506

IDEAL CONTACT TIME: Any time

CO-INVENTOR NAME: N/A  
(FIRST) (MIDDLE) (LAST)

Let it be known to all that I have conceived the product/idea illustrated  
and described herein which is called:

The Feminine Protection Kit  
(PRODUCT/IDEA NAME)

The Inventors Network, its employees and representatives, hereby guarantee, without exception, that your new product/idea disclosed herein shall not be used, sold, assigned, or disclosed to any corporation, organization, or person without your prior written permission. This agreement is fully binding.

The undersigned (David P. Gaudio) hereby promises to keep this information confidential as per the canons of ethics and rules of professional conduct. Confidence refers to information protected by the attorney-client or agent-client privilege under applicable law.

David P. Gaudio

Attorney David P. Gaudio  
Pennsylvania I.D. #77010

INVENTOR(S) SIGNATURE(S) Carla Briggs (DATE) 11/21/00



**Notice: PROHIBITED INVENTIONS:**

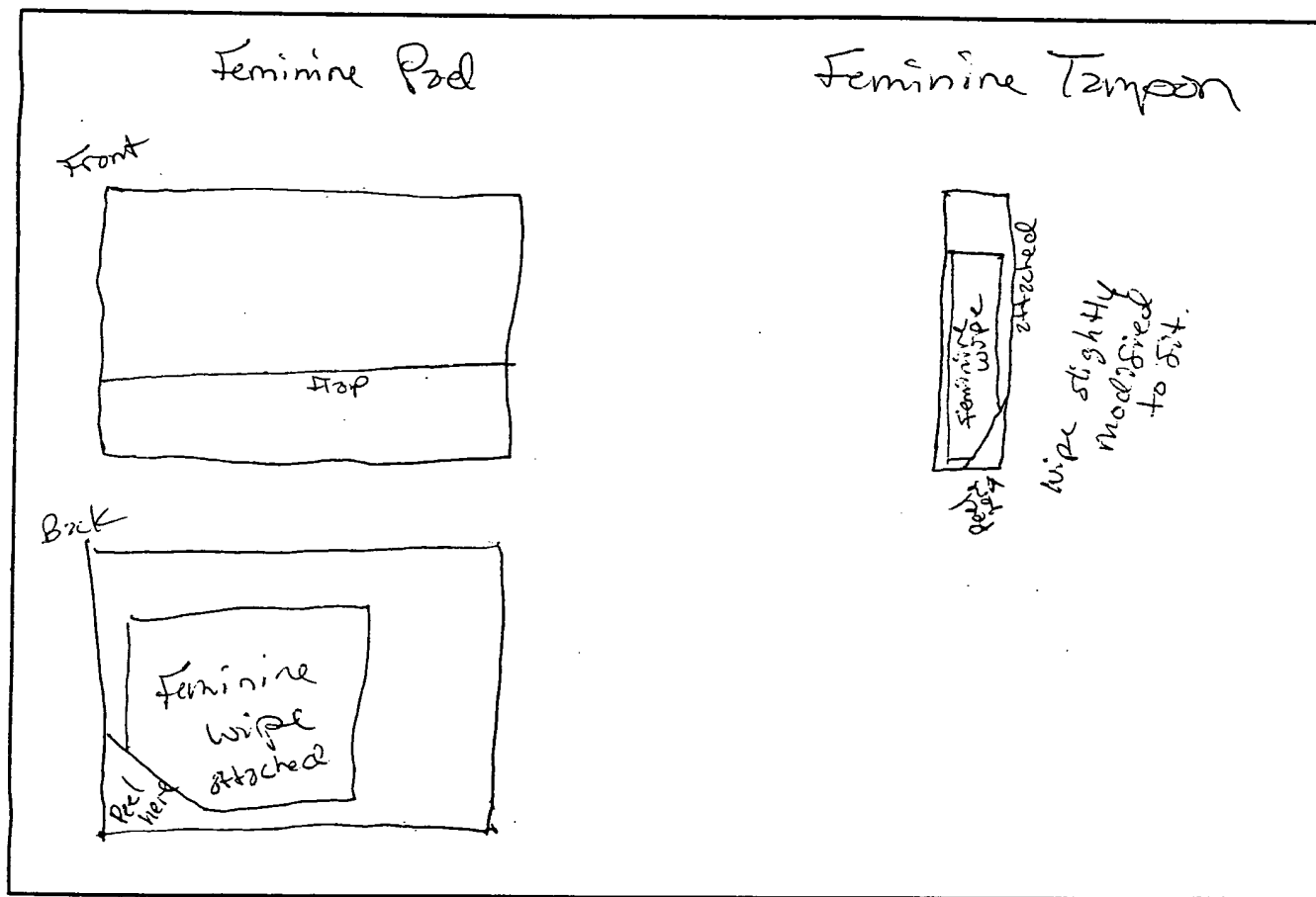
The following are categories of ideas or inventions that are not acceptable for research and development by The Inventors Network:

1. Perpetual motion device or machine (any invention that can run indefinitely without re-generating the energy source.)
2. Products or ideas using the name, likeness, or logo of an individual group or corporation (i.e. a "Batman" doll).
3. Chemical formulas or medications
4. Product ideas without component design, or based on an unrealistic level of technology (i.e. ideas that have no plans as to how it should actually work).
5. Pornographic devices or products, or those considered harmful or in poor taste.
6. Military weapons.
7. Ideas not related to products such as: \*a. Business franchises. \*b. Services to consumers, business, or government. \*c. Advertising slogans or campaigns. \*d. Literary or musical works. \*e. Suggested public policies.

For all items marked with an asterisk(\*), we can help you with trademark or copyright protection for these types of ideas, but cannot assist in the marketing of them.

## ILLUSTRATION

Please furnish a drawing of your product idea in the space provided. A professional illustration is not necessary nor expected. If photographs are available, please attach.



Please list suggested components and materials, etc.:

Feminine Protection / pads and tampons  
Feminine wipes

**DO NOT SUBMIT PROTOTYPES OR WORKING MODELS UNLESS REQUESTED. THE INVENTORS NETWORK IS NOT RESPONSIBLE FOR THE SAFE ARRIVAL, HANDLING, MANAGING OR RETURN OF ANY PROTOTYPES MAILED TO OUR ATTENTION UNLESS REQUESTED BY THE INVENTORS NETWORK.**

## PRODUCT/IDEA DESCRIPTION

Describe your product/idea.

It's a Sanitary pad and tampon that has a feminine wipe attached to each individual one for easier convenience.

Explain the product/idea's function(s).

This product will help women to feel fresher at all times, when it's that time of the month.

List the product/idea's benefits and unique qualities.

You can use the product, and dispose of everything in the same wrapper. You don't have to lug it in your purse because it fits in your pocket.

If this is an improvement on an existing product, list the new benefit(s).

Now instead of buying two different products, all you buy is one. With every change you get a fresh start. Fits easily into your pocket.

## BACKGROUND INFORMATION

When did you conceive your product/idea? 3 months ago

Briefly state how you first conceived this idea (work, hobby, etc.). While at work

List those individuals to whom you have revealed your product/idea.

2 Close friends, only 2 - Co workers.

Have you constructed a prototype? yes Has it been tested/used? yes

BEST AVAILABLE COPY

## PATENT STATUS

YES                  NO

Has a patent search been conducted?

☐
☒

If yes, please attach.

Have you filed a patent application on your product/idea?

☐
☒

Do you have an issued Patent on your product/idea?

☐
☒

If yes, please indicate date of issue or attach a copy

Have you made a public disclosure of your invention or offered it for sale?

☐
☒

If yes, please explain: \_\_\_\_\_

## AREAS OF SPECIAL INTEREST

Please check areas of interest or need.

☒ Patent Development

☐ License Negotiation

☐ Distribution

☐ Prototype Development

☒ Manufacturing Contacts

☐ Graphic Arts

## ADDITIONAL INFORMATION

Please include any additional information you feel may help us in understanding your product/idea.

I feel that this is important for women  
all over the world to have this product at  
their disposal. It will make "that time"  
easier to deal with, and save time on  
having to buy more than one product.  
For the women on the go.

Sanitary Pad

Sanitary Pad

Feminine  
wipes  
Peel here

Sanitary Pad

Feminine  
wipes  
Peel here

Sanitary Pad

Feminine  
wipes  
Peel here

Regular

Lightly  
Scented

Medicated

Curry



For All types of tampons

Slightly Modified

Regular

Lightly  
Scented

Medicated

Call  
1-800-444-4444

Individual  
Packaging

Feminine Wipe  
Feel here

Feminine Wipe  
Feel here

Feminine Wipe  
Feel here